

Euthanasia Checklist

Euthanasia Date 7-14-25 ID# 41128 Custody verified (Initials) [Redacted]

Sedative: Acepromazine (Initials) [Redacted]
Oral (strength mg) # of tablets
Inj. 10mg/ml .25 ml Route: IM

Sodium Pen (Fatal Plus) Initials [Redacted]
3 ml Route: IV / IP

Determination of Death

5 minutes post injection
Lack of heartbeat-stethoscope (Initials) [Redacted]
Lack of heartbeat-palpitation (Initials)
Lack of respiration-stethoscope (Initials)
Lack of respiration-palpitation (Initials)
Lack of respiration-visual (Initials)
Lack of corneal reflex (Initials)
Lack of toe-pinch reflex (Initials)
Lack of capillary refill (Initials) [Redacted]

30 minutes post injection
Lack of heartbeat-stethoscope (Initials) [Redacted]
Lack of heartbeat-palpitation (Initials)
Lack of respiration-stethoscope (Initials)
Lack of respiration-palpitation (Initials)
Lack of respiration-visual (Initials)
Lack of corneal reflex (Initials)
Lack of toe-pinch reflex (Initials)
Lack of capillary refill (Initials) [Redacted]

City of Danville
Animal Control Officer / Public Animal Shelter

ANIMAL CUSTODY RECORD

ANIMAL ID: 41129 CUSTODY DATE: 7-6-25 TIME: 130 **AM** **PM**

REASON FOR CUSTODY (mark appropriate box) **LOCATION WHERE CUSTODY WAS TAKEN**

Stray / At Large
 Owner Surrender
 Seized
 Bite Case Quarantine
 Transfer from Another Releasing Agency
 Virginia
 Other:
Name: _____
 Out-of-State

DASH

OWNER'S NAME & ADDRESS (if known) **ADDITIONAL INFORMATION**

unknown

ANIMAL DESCRIPTION

SPECIES	BREED	COLOR / MARKINGS	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Altered: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk
<input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/>	<u>D3H</u>	<u>gray tabby</u>	Approximate AGE: <u>3-4y</u> <input checked="" type="checkbox"/> YR <input type="checkbox"/> MO	Approximate WEIGHT: <u>8</u> <input checked="" type="checkbox"/> LB
OTHER: _____				

ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)

License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	Scan: <u>NONE detected</u> Scan: <u>7-10-25</u>

CUSTODY RECORD PREPARED BY

Signature: _____ DATE: (MM/DD/YY) 7-6-25

RIGHTFUL OWNER SURRENDER STATEMENT

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE: _____

DISPOSITION OF ANIMAL Euth **HOLDING PERIOD EXPIRES ON (Date):** 7-13-25

DATE: (MM/DD/YY) 7-14-25 **FINAL MICROCHIP SCAN PERFORMED BY (Initial):** _____

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
		<u>7-14-25</u>				

Did you contact another shelter? **Why did they decline to accept?**